## RELOCATION INFORMATION GENERAL PERMIT NO. 3 MOBILE FACILITIES

## This form is to identify the locations at which <u>ONE</u> portable facility will be located <u>NOT</u> to permit multiple facilities for one permit

**OPERATOR / CONTACT INFORMATION**. Give legal name of person, firm, or public organization which operates the facility described in this application. Include name, mailing address and telephone number of a contact person if different from operator or owner.

		JMBER OR PE			P						
NAME:						ADDRESS:					
CITY:	CITY:				TATE:	ZIP CODE: TELEPHO		NE			
Number site locations consecutively beginning with 1 for the first site of the calendar year followed by 2 for the second etc.,.											
SITE LOCATION NO											
ADDRESS / LOCATION OF PROJECT:											
						CITY:		COUNTY:			
DESCRIPT	TION OF PR	OJECT:									
	ED TIMETA										
]	Discharge St	art Date:				Disch	narge End Date:ulation in the area		<del></del>		
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		ction/township/			itude						
1/4 SECTION	SECTION	TOWNSHIP	RANGE		LATITUDE		LONGITUDE				
				DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS		
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Receiving Water(s):											
SITE LO	CATION I	NO	-								
ADDRESS	/ LOCATIO	ON OF PROJEC	CT:								
						CITV		COLINTY			
CITY: COUNTY:  DESCRIPTION OF PROJECT:											
ECTIMAT	ED TIMETA	DI EC.									
ESTIMATED TIMETABLES:  Discharge Start Date: Discharge End Date:											
Has a publ	ic notice bee	n published for	at least or	ne day in new	spapers with t	he largest circ	ulation in the area		ge is		
		□ Yes □									
Give the lo	cation by sec	ction/township/	range or la	latitude/long	titude/longitude LATITUDE			LONGITUDE			
SECTION	SECTION	TOWNSHIP	RANGE	DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS		
				DEGREES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BECOMBO	DECKEES	MINO ILIS	SECONDS.		
Receiving Water(s):											

Return completed form to:

Storm Water Coordinator Iowa Department of Natural Resources 502 E 9th Street Des Moines, IA 50319-0034

Questions may be directed to the Storm Water Coordinator at (515) 281-7017.

SITE LO	CATION	NO	_							
ADDRESS	J LOCATIO	ON OF PROJEC	CT:							
					CITY:					
DESCRIP	ΓΙΟΝ OF PR	OJECT:								
ESTIMATED TIMETABLES: Discharge Start Date: Discharge End Date:										
Has a publ	ic notice bee	en published for	r at least or	ne day in new:	spapers with			where the dischar		
located (Cl	heck One)	Yes  ction/township.	No. (Attac	h copy of pub	olic notice)					
1/4	SECTION SECTION	TOWNSHIP	RANGE	LATITUDE			LONGITUDE			
SECTION				DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS	
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SITE LO	CATION	NO								
ADDRESS	S / LOCATIO	ON OF PROJEC	CT:							
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	ED TIMET <i>A</i> Discharge St	ABLES: tart Date:				Disch	arge End Date:			
Has a publ	ic notice bee	en published fo	r at least or	ne day in new	spapers with	the largest circu		where the dischar		
located. (C	theck One)	□ Yes □	No. (Atta	ch a copy of p	public notice)					
Give the location by section/township/range or latitude/longitude  LATITUDE LONGITUDE										
1/4 SECTION	SECTION	TOWNSHIP	RANGE							
				DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS	
Receiving	Water(s):									
Receiving	11 atc1(3).									